VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		10369		CERTIFICA	IE OF DEATH			1000	7.4
1.	PLACE OF DEATH	1	14		2. USUAL RESIDENCE (V	Where deceased live		esidence before a	shiction)
1	o. COUNTY	Jorces-	ter	MARYLAND	o. STATE May	vland	b. COUNTY	lorces	rer
	b. CITY OR TOWN	(If outside corporate lim	nits, write c. LEN	IGTH OF STAY IN 16	c. CITY-OR TOWN (I	f gutside corporate	limits, write RURAL	ond give nearest	town)
Ł	POCON	oke Ci	ty		42/0001	noke	City		
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital,	give/street oddress)		d STREET ADDRESS		11 /	e. IS	RESIDENCE
		Home			407 120	nneyl	lle H	1e YE	S NO X
3.	NAME OF DECEASED	C Fi	irst	Middle	Q Lost	4. DATE OF	Month	Day	Year
-	(Type or print)	Dus	sie_	<u> </u>	Doyer	DEATH	Dept.	NDER I YEAR OF L	196
S.	SEX	6. COLOR OR RACE			BIDATE OF BURTH		get birtlyddy) Moi		ours Min.
10	USUAL OCCUPATI	ON (Give kind of work	WIDOWED K	DIVORCED	STRY 11. BIRTHPLACE (Sto	te or foreign count	o 7 yrs.	2. CITIZEN OF WH	AT COUNTRY
1.	during most of wor	rking life even if retired	d)	no le	Ma	11/00		115	4
13	FATHER'S NAME	53116		COR	14. MOTHER'S MAIDEN	NAME (1	
	Tsin	6 M:	1/5		Olivi	in Th	1000 //		
15	WAS DECEASED EV	ER IN U. S. ARMED FO	RCES? 16. SOCIAL	SECURITY NO. 17	FORMANT	1	MAddress	200	1 1.
L.	No	(If yes, give war ar dates of	213-1	4-6609	ellean	Hodd	excoor	Toke Ci	ty M
		ATH [Enter only one o		o), (b), ond (c).]				INTERVA	AL BETWEEN
	PART I. DE.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) on	rence					1 days
1	443	DUE TO	0 11	1 4	101		A	. 6	,
1	Conditions, if a		b) 30y	pulinse	e Caracon	weeter	Cupic	- 19	- mr
	couse (o), stating	the under- DUE To	0						
NO NO	lying couse lost.	, ,	(c)	DISTING TO DEATH BUT	NOT RELATED TO THE TER	MINIAI DISEASE CO	DAIDITIONI GIVENI II	N PART 1(a) 19 V	VAS ALITOPSY
CATIO		TIER STORTIFICATOR CO.	ADITIONS CONTRIL	BOTHING TO DEATH BOT	NOT RECEIVED TO THE TEX	MINAL DISEASE CO	DIADITION CIVER II	PE	ERFORMED?
i ii	20a. ACCIDENT W	AS UNDERLYING CAUSE OF DEATH	20b. DESCRIBE H	OW INJURY OCCURRE	D. (Enter nature of injury i	n Port I or Port II	of item 1B.)		
CERTI	(IF EITHER, NOTIF)	MEDICAL EXAMINER)							
MEDICAL	20c, TIME OF INJU	RY Month, Doy, Yo		6-	ACE OF INJURY (Home, fo	rm, 20f. (City or	town)	(County)	(Stote
MED	Hour o.m. p. m.	19		ot while ro		1			
	21. I certify the	at (I) (this haspite	al) attended the	e deceased fram	3/6	96/ 19/2	3	196/, that	(I) (we) las
	saw the decea	ised alive an	9/23 1	96/ and that a	death accurred 200	M, from the	causes and a	n the date sto	
	220. SIGNATURE	-u c	A. co	/ /			STAFF		22b. DATE
	22c. PHYSICIAN'S	7	newy	P	M.D. PHYS.	MED. DIRECTOR	HYS.	. 7	1/29/6
	NAME (Type)	Ivory	U.S.	114, 11-	- B	erlin	. M.	d	
23	BURIAL CREMAJI	ON 23b. DATE THERE	OF 23c N	NAME OF CEMETERY C	R CREMATORY	23d DOCATION	N (City, Jown, or co	unty) /	(Stote) /
1	REMOVAL (Spedify		61 H	all's Hill	Cem.	Popor	noke (ity.	Md.
24	FUNERAL DIRECTO	R'S SIGNATURE	A	DDRESS		C'D BY REGISTRAR	2Sb. REGISTRAI	R'S SIGNATURE	
0	Jam	ullar	regel 1	10Wehr	ITCh Va DATE	ODT C 104			
-			1			EP 01	- Cuth	un S. Minus	

11000 Will be the state of the state arrand the Market Lands THE SECRET SHOW THE PROPERTY OF THE

PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND CERTIFICATE OF DEATH USURI, RESIDENCE (Where deceased lived, If institution Rose Consequence) 23b, Film G295 1. PLACE OF DEATH e. COUNTY VIORCESTUR WORCESTER MARYLAND c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporete limits. and þ write RURAL and give nearest town) ERLIN .E T GRUIN Pages d. STREET ADDRESS filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) papers. Pag in 72 hours a SON 4. DATE 3. NAME OF Middle OF DECEASED DEATH (Type or print) COMD LIZADETH ARE within 9. AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 5. SEX last birthday) Months and WIDOWED [DIVORCED 1 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) physician 10a. USUAL OCCUPATION (Give kind of work remove done during most of working life, evan if retirad) HOUSE WIFE 13. FATHER'S NAME please .= attending and ASTIN 65 (FORAE 16. SOCIAL SECURITY NO. | 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then (Yas, no, or unkown) | (If yes give wer or dates of service) removal, the attending physician.

as been signed by the
burial-transit permit 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), steting the underlying has PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY hospital or certificate l SE use 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Perl I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING [Pri may be retained by the h DIRECTOR: After this c 3 should be detached for OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) 20c. TIME OF INJURY Month, Dev. Yeer fectory, street, office bldg., etc.) Not While While Hour a.m. at work at work to Jepe J., 196 , that (1) (we) last and that death occured at S.A.M., from the causes and on the date stated above. saw the deceased alive on 220. SIGNATURE ATTENDING PHYS. PHYS. DIRECTOR M.D. FUNERAL TO FUNERAL
director, page
be filed with th 22c. PHYSICIAN'S 22d. ADDRESS NAME TYPE Gantz Bay Street Berlin, Maryland 23d. LOCATION (City, fown or county) NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. REMOVAL (Specify) UNSCI REGISTRAR 256. REGISTRAR'S SIGNATURE 25e. FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur & thous 15M 9/60

ADVIAND STATE DEPARTMENT OF HEALTH

a. IS RESIDENCE

YES NO

19 61

PERFORMED?

NO P

(State)

DATE

SIGNED

IF UNDER 24 HRS.

Hours

Deys

BRLIN

(County)

Year

ON A FARM?

TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exect, 36 4 may be retained by the hospital or attending physician.

THE DIRECTOR: After this certificate has been signed by the attending physician and compage 3 should be detached for use as the buried to the survey.

within 24 hours after

with the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

P1	111×77		186
4 1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Re	sidence before edmission)
	a. COUNTY	a. STATE b. COUNTY	1
-	WORCESTER MARYLAND	c. CITY OR TOWN (II outside corporete limits, write RURAL end	CESTER
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. CITY OR JOWN (It outside corporete limits, write RUKAL end	give neerest town)
	OCEAN CITY 30YRS	NOGAN CITY	
	d. NAME OF HOSPITAL OR INSTITUTION (il not in hospitel, give street address)	d. STREET ADDRESS	. IS RESIDENCE
		1 M1 - 1 - 1	ON A FARM?
1		MALLARD ISLAND	YES NO
3.	NAME OF First Middle DECEASED	Last 4. DATE Month	Dey Yeer
	(Type or print)	(VAREN DEATH SERT	21 19 61
5.		DATE OF BIRTH 9. AGE (In years IF UNDER 1)	
		lest birthday) Monthel D	lays Hours Min.
_	WIDOWED DIVORCED	MAX 8, 1887 74 yrs. Months	
10	. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (County & State, or loreign country) 12. CITIZ	ZEN OF WHAT COUNTRY?
1 %	FTICED NAVAL OFFICE U.S. IV	Beauty Ma	1100
143	ETILED NAVAL OFFICER U.S. IV	DERCIN 1010	N. 12-10
13	PATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	WILEE CAREX	SUSAN VERRICITSON	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT Address	
(Y	es, no, or unkown) (Ifyesgive weror detes of service)	12 11 C A	. (- N
-	VES WIRCD WAR NO IN	RS. L. C. CAREX, UCEA.	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]		ONSET AND DEATH
	PART 1. DEATH WAS CAUSED BY:	cchus, en	15 months
	DUE TO DUE TO	diamon la la Capación	200000
		dio varcelos disease	J years
	geve rise to immediate cause (a), stating the underlying DUE TO		1
	ceuse lest.		
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(a) 19 WAS AUTOPSY
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	THE TERMINAL DISEASE CONDITION GIVEN IN TAKE	PERFORMED?
13			YES NO
CERTIFIC		. (Enter neture of injury in Pert I or Pert II of item 1B.)	
8	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
-			
ICAL		CE OF INJURY (Home, farm, 20f. (City or town) (Coun ory, street, office bldg., etc.)	ty) (State)
MEDI	p.m. 19 at work af work		
		1953 to lest 31 196	1 that (1) (wa) last
	21. I certify that (1) (this hospital) attended the deceased from	14	, that (1) (we) last
	saw the deceased plive on Sept. 21	death occured at/1,624M, from the causes and on the	ne date stated above.
	22e. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED
	Phin Thimes	D. PHYS. DIRECTOR PHYS.	SIGNED
	22c. PHYSICIAN'S	22d. ADDRESS	1
	NAME (Type) A) C	Descript Citile 200	//
_	117,1100943	OCOAW (19/ m	0 -
23		QR CREMAJORY 23d. LOCATION (City, town or county	(Stete)
	REMOVAL (Specify) 9/23/61 ST, PAULS	CHURCHYARD SERVIN	IVID
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	, 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S S	IGNATURE
24	Daniel Con Siching	201	
	James L. Jempage Deen	a la DASEP 26'61 Chilung 8. H	raud
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8000 The per son the A THE RESERVE OF THE PROPERTY MESTUDIES WITH MALE MAN CONTRACT COMMENTS OF THE COMMENTS OF T La responsable to the second

TO HOLL A may be retained by the hospital or attending physician.

TO FUNE AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

ISM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

X	10872 CERTIFICATI	E OF DEATH	10	864
N T	PLACE OF DEATH	2. USUAL RESIDENCE (Where		esidence before edmission)
Y	e. COUNTY	e. STATE	b. COUNTY	acaton
1-	Worcester MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	maryland c. CITY OR TOWN (If outside con		cester
	write RURAL and give neerest town)	V	perale thins, who were a see	
	Snow Hill	^ Snow Hill		
L	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS		a. IS RESIDENCE ON A FARM?
L	205A Ship Yard St.	205A Ship Ya	ard St.	YES NO'N
	NAME OF First Middle	Last 4. DATE	Month	Dey Yeer
L	DECEASED (Type or print)	OF DEAT	Но	00 1007
J-,	2 ames	Clark	*September	29, ¹⁹ 6I
1	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In yeers IF UNDER 1 ' last birthdey) Months D	YEAR IF UNDER 24 HRS.
н	M. C. WIDOWED DIVORCED A	hpril I.I909	52 уп.	All India
1	Oa. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTR		or foreign country) 12. CITI	ZEN OF WHAT COUNTRY
	done during most of working life, even if retired)	Coornie		II C A
-	Labor 3. FATHER'S NAME	Georgia 14. MOTHER'S MAIDEN NAME		U.S.A.
ľ	S. FAIRER S NAME	14. MOTHER 3 MAIDEN NAME		
	Unknown	Unknown		
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	1
	(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	- il 10 1 1-0	9 Alexander	14
=	1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	cette clary 50.	- suy yard	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	146100 11.1	nu horas	ONSET AND DEATH
	IMMEDIATE CAUSE (0)	100 Each INA	OM DOS ()	24 nr.
	260 X DUE TO	` - 0	. 10 m	- " "
	Conditions, if any, which \ (b)	100, eles Y	Weller	3 MU
ı	geve rise to Immediate cause	CO. CO.	- Cultico	
	(a), steting the underlying DUE TO			
L	ceusa lest. (c)			1
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
FA				YES NO
1 5	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED	O. (Enter nature of injury in Pert I or Per	t II of item 1B.)	
CEDITIES A TION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
				46
LA COLORA	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While	ACE OF INJURY (Home, farm, 20f. (C tory, street, office bldg., etc.)	(Cour	nty) (Stete)
1 5	Hour a.m. p.m. 19 While Not While et work et work			
ľ		9 un , 19 60 1	0 Opt 101	
	21. 1 certify that (I) (this hospital) attended the deceased from.	A-		
		death occured at I.E.M., from	om the causes and on t	
1	22e. SIGNATURE	ATTENDING MED.	STAFF	22b. DATE SIGNEE
	David Nahi	A.D. PHYS. DIRECTOR	PHYS.	
	22c. PHYSICIAN'S	22d. ADDRESS		
	NAME (Type) DAVID KATAT			
=	3e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 1224 10	CATION (City, town or county) (Stata)
12	REMOVAL (Spacify)		*****	
	Burial 10/7/1961 Baptis Cen		now Hill	Md
12	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REG		
	110 to F Stores I laboland 4	DATE OCT 6 '6	1 arthur S. 1	italla
13	Conflict Selected - Court of	1/2	,	

1 1 1 1 1 1 1 Torestor 1-0 000100 II.h +cnt Show Elli SOCK SHIP THAT SE. 205a unip Terd St. 182 . Ta asagstres the interior April I, 1909 Bd - 1974 lett.V arrows to signed to Continued a succeed that was a succeed the

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTI	FICA	TE (OF D	EATH

10865

								NO.	
a. COUNTY	orcester		MARYLAND	2. USUAL RESIDENCE (a. STATE Marv]		d lived. If instituti b. COUNTY	20. 500	before admi	
	(If outside corporate lim	its write c	LENGTH OF STAY IN 16	c. CITY OR TOWN (rate limite write P			
RURAL ond give n	nearest tawn)			1/1			OKAL did gi	re mearest tar	,
Pocomoke	TAL (If nat in haspital, s	nive street ad	Life	d. STREET ADDRESS	noke C	lty		- IC DI	ESIDENCE
OR INSTITUTION			uress)	1				ON	A FARM?
209 Wal:	nut Stree	t		209 V	valnut	Street		YES [□ NO 🔀
3. NAME OF DECEASED	Fi	rst	Middle	Last	4. DATE	Mon	ith	Day	Year
(Type or print)	FITZG	ERALD		CROCKETT	DEATH	Septe	mber	7	19 61
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	-10	9. AGE (In years		YEAR IF UND	
Male	White	WIDOWED	DIVORCED	August 17.	1899	62 yrs.	Months D	Days Hours	s Min.
100. USUAL OCCUPATI	ION (Give kind of wark	dane 10b. Kit	ND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Sto	ote ar foreign c	auntry)	12. CITIZE	EN OF WHAT	COUNTRY
	rking life, even if retired eat Packi:		at Products	Mar	vland		US	٨	
13. FATHER'S NAME	eat racki	ing me	at Froduct.	14. MOTHER'S MAIDEN			US	A	
	W O	-144				Descen			
	es W. Cro		and another the Table	Mary E	TTEN	Brown			
(Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of	service) 16. SO							~
Yes	WW I	21	3-05-2104 M	rs Louise	C. Cro	ockett,	Pocor	noke (City
	ATH [Enter anly one co	ouse per ling	far (o), (b), and (c).]					INTERVAL E	
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	1)	auces	1) Ku	ml			150	mo
163	DUE TO			X	1			1	
Canditians, if	ony, which)				V				
gave rise ta	immediate ()	-1.45						
cause (a), stating lying cause lost.	the under-								
_	, 1	DITIONS COM	NTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TEL	PANNAI DISEAS	E CONDITION GIV	VEN IN PART	1(a) 19 WAS	SAUTOPSY
PART II. OT	THER STOTAL COL	Difficity <u>cor</u>	TRIBUTING TO BEATTI BO	THO REDUIED TO THE TER	o o	ic constitution of	LEIN IIN I PARI	PERF	FORMED?
		Look DESCO		FD 45		. 11 - 6 '1 - 10 1		YES [] NO []
OR CONTRIBUTING	'AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESCRI	IBE HOW INJURY OCCURR	ED. (Enter nature of injury	in Part I or Poi	rt II at item 18.)			
20c. TIME OF INJU Haur o. m.	RY Manth, Doy, Ye	ar 20d. INJU		LACE OF INJURY (Home, fo		y ar tawn)	(Co	ounty)	(State)
Haur o.m.	19	While	Nat while for our work	actory, street, affice bldg.,	etc.)				
				"Man	1.5	Capr	7 /		
21. I certify the	at (1) (this hospite	I) attended	d the deceased fram.	1 yelly	1962ta_	Jef 1	19-61	£, that (1)	(we) last
saw the decea	sed live on	epy 1	2_19_6. and that	death accurred a	L.M. fram	the causes ar	id an the		
220. SIGNATURE	(X)	12		M.D. ATTENDING PHYS.	MED	CTAFE		2	22b. DATE
	Xaul	104	en		DIRECTOR [STAFF PHYS		9-8	-61
22c. PHYSICIAN'S NAME (Type)	Vo			22d. ADDRESS					
twine (Whe)	Paul Col	nen		Snow H	1111,	Maryland	i		
	ON, 23b. DATE THERE	OF :	23c. NAME OF CEMETERY	OK MEGNARY	23d. LOCA	TION (City, town,	or caunty)	(\$1	lole)
REMOVAL (Specify Burial	9-10-0	61	Presbyter			moke Ci		aryla	nd
24 FONERAL DIRECTOR	R'S SIGNATURE	a cond to	ADDRESS	25o. RI	SEP 11	TRAR 2Sb. REGI	ISTRAR'S SIGN	NATURE	
Henry	Drovage	WY P	ocomoke Ci	ty, Md. DATE		01	Tillung &	Heres	
1		No. 17 15							

	NATURAL DESIGNATION TO SERVICE AND SERVICE			
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NO IN INCOME	of .community.D and			
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	and the second			
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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 10874

1.	PLACE OF DEA	ATH \			9-11-9-11		2. USUAL RESIDENCE (V	here deceased		on: Residence		
	u. COOM11	wo	CLSTE	7	MARYLA	AND	Maruland		b. COUNTY	white	05-5-1312	and a
	b. CITY OR TO	WN (If out	side corporate lim	nits, write	c. LENGTH OF STAY IN	1 1b	c. CITY OF TOWN (IF	outside corpo	rote limits, write R	URAL ond give	nearest town)	
	0050		itu				V Octain	Cita	V			
	d. NAME OF OR INSTITU	HOSPITAL (I	f not in nospitol,	give street	oddress)		d. STREET ADDRESS	/	1		e. IS RESIDEN	ICE
	RESI		5 - Tal	hota	-Baltimore	51	Baltim	10794	Tal Dot	Sts.	YES NO	
3.	NAME OF DECEASED		Fi	irst	Middle		Lost	4. DATE	Mon	th	Day Year	7
	(Type or print)		000	55.00	5.		Gausn.	OF DEATH	9		8 196	5/
5.	SEX	6.	COLOR OF RACE	7. MARR	HED X NEVER MARRIED	□ 8	DATE OF BIRTH		9. AGE (In years lost birthday)		EAR IF UNDER 24	
	M		W	WIDOWE	DIVORCED		OCT. 24.	1912	4 % yrs.	Months Day	ys Hours A	Min.
100	. USUAL OCC	UPATION (C	Sive kind of work ife, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	TRY 11. BIRTHPLACE (Stot	e or foreign co	ountry)	12. CITIZEN	OF WHAT COUN	VTRY?
		CLEN	6	8	und's Hond	W	K Baltimo	395 [nd.		4. 3.	
13.	FATHER'S NA	ME			7.		14. MOTHER'S MAIDEN	NAME				
	10526	oh S	tanku	gai	dzichi		MARY	-6-A	LKA			
15. (Ye	WAS DECEAS	ED EVER IN	U. S. ARMED FO	RCES? 18.	OCIAL SECURITY NO.		ORMANT (S	2001-0	Addi	ess	A 4	
	N	3		3	17-03-1533	/	VIRS. WITE	FAYER	Dona	N (V)	TV M	D
	18. CAUSE	OF DEATH	Enter only one o	ouse per li	ne for (o), (b), and (c).]	A				1	NTERVAL BETWE	EN
	PART	I. DEATH V	VAS CAUSED BY: MEDIATE CAUSE (0)	CEREBA	al	Embolis	m			1/2 ho	UY
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	Condition			b)	Muoca	nd	ial inlan	Clioc)		29 day	45
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CERTIF			NDERLYING	20b. DES	CRIBE HOW INJURY OC	URRED	. (Enter noture of injury in	Port I or Pari	t II of item 18.)		1144	1
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S	20c. TIME OF Hour		Month, Doy, Ye			Oe. PLA	CE OF INJURY (Home, for ory, street, office bldg., et	m, 20f. (City	or town)	(Cour	ity) ((Stote)
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	21. 1 certif	y that (I)	(this hospita	il) attend	led the deceased fr	ram	9/7/ 1	9.64ta	9/8	1961	that (I) (we)	-last
	saw the d	eceased	alive an	9/8	1961, and th	hat de	eath accurred at	M, from	the causes an	d an the de	ate stated ab	ave.
	220. SIGNAT	URE	· d	1	0		ATTENDING C.				22b. DA	ATE GNED
		and	is C	fa	rley	N	I.D. PHYS.	MED.	STAFF PHYS.		9/8/6	1
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230	REMOVAL (S		23b. DATE THERE	OF	23c. NAME OF CEMET	ERY QR	CREMATORY	23d. LOCAT	TION (City, town, o	or county)	(Stote)	
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24.	FUNERAL DIR	ECTOR'S SIG	NATURE	1.	ADDRESS	1	250. REC	C'D BY REGIST	rrar 25b. REGIS	STRAR'S SIGNA	TURE	
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MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please exemple of the property of the supervision of the property of the should be

cute the criticate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral lector. Page 4 should		TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registral prior to burial, cremati	(
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20	forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained far your grees.	0	0
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)	MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18
1	1087 MEDICAL EXAMINER'	S CERTIFICATE OF DEATH
(K)	1. PLACE OF DEATH o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate lents, write SURMY) CALLENGTH OF STAY IN 16 and give nearest town.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
X	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS Cleveland (Ith Cot: Club) VES NO
	3. NAME OF DECEASED (Type or print)	Lost 4. DATE Month Doy Year OF DEATH 9 25 1968
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	TRY 11/ BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
T	13. FATHER'S NAME Hovar	14. MOTHER'S MAIDEN NAME COCKED PRACEK
6	15. WAS DESEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	Band Tandorfamille Terland
	18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IN THE PROPERTY OF T	Marie Of Bloom on the Conference of the Conferen
	4201 DUE TO Conditions, if ony, which)	Sitar or land
	gave rise to immediate cause (o), stating the underlying cause last.	·
9	ZO SART-II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PREFORMED? YES T NO
~		Enter nature of injury in Part I ar Port II af item 18.)
	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 20d. INJURY OCCURRED 20e. PLA While of work	CE OF INJURY (Home, farm, lory, street, affice bldg., etc.) (City or town) (County) (State)
	21. I certify that I taak charge of the remains described about death resulted fram: Matural causes. Accident Su	
	ACTUAL A CONTRACTOR OF THE STATE OF THE STAT	CHIEF MEDICAL EXAMINER DATE SIGNED
2	EXAMINER'S NAME (Type)	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEP
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	CREMATORY 22d. LOCATION (City, town, or county) (Slote)
	23. FUNERAL DIRECTOR'S SIGNATULE LADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
		DATESEP 28'61 Citing S. Kraus

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	MARTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE	10876 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	PLACE OF DEATH 12 USUAL RESIDENCE (Where decerted lived 16 institution, Residence before adjusting)
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of H of H	D. CITY ON TOWN (It outside desparate lights, write RURAL ond give nearest town) ond give nearest town) C. CITY ON TOWN (If guide corporate limits, write RURAL and give nearest town)
d o	May or horning of hereing and the miles and
No Boor	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. SYREET ADDRESS o. IS RESIDENCE ON A FARM?
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Sto	3. NAME OF DECEASED A. DATE OF Month Day Year
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to to the	5. SEX 6. COLOR OF RACE 19 MARRIED THE NEVER MARRIED THE BATE OF BIRTH 9. AGE IL Yours IF UNDER 14 ARS.
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4 4 6 3 8 0 F	13. FATHER'S NAME () (14. MOTHER'S MAIDEN NAME
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or a le	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
Gin Sin F	[You no, or unknown] [If the give for or potes of service] [1.7.21-417] Townsteen [1.7.21-417]
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ond ond	De. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:
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ioj.	Conditions, if ony, which (b) gove rise la immediate couse
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fico col col col col col col col col col c	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF PORT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONTRIBUTION OF PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONTRIBUTION OF PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONTRIBUTION OF PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONTRIBUTION OF PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONTRIBUTION OF PART II. OTHE
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	NAME (Type) / DEPUTY MEDICAL EXAMINER 7
should its	220 BURIAL, CREMATION, 220. DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
5 4 5 g	Thomas Den Hu
VS. A15ME	23. TUTERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE
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2013		MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
HEALTH DEPT.		PLACE OF PERTH (22 Film G295 9/21/6) where decassed lived, If institution, Residual Companion
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elay d for		e. IS RESIDENCE ON A FARM? OF HOSPITAL OR INSTITUTION (if not in hospitel, give street ddress) d. STREET ADDRESS ON A FARM? ON A FARM? ON A FARM?
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cil in along ransi		PART I. DEATH WAS CAUSED BY: Thypologicosis Shows -
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If to if to I TON		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion
DICA.		death resulted from Accident Suiciple Homicide Undetermined manner
日本でのか		SIGNATURE DATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
2 5 8 5 5		EXAMINER'S A FOR THE TOTAL PROPERTY MEDICAL EXAMINER
DEP Gease exe should I FUNE r its desl	22a	NAME (Typa) Addrass (Streat, city, town, or county) BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Steat
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VS. A1SME	23	FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after 5 death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10878 CERTIFICATE OF DEATH filled in by the funeral Pages 1 and 2 should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutod: enza before admission) b. COUNTY Worcester a. COUNTY Worcester MARYLAND Maryland carbon papers. Pages 1 and 2 it, within 72 hours after death. b. CITY OR TOWN (if outside corporete limits. c. CITY OR TOWN (If outside corporete limits, write RURAL end alve neerest town) c. LENGTH OF STAY IN 1b write RURAL and give neerest town) Whalevvilla Whalevville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO XXX completely 3. NAME OF First 4. DATE Middle Lest Month Dev DECEASED OF (Type or print) DEATH Bent on Whalev P Owell Sept. 1867 AGE (In yeers | IF UNDER 1 YEAR | 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED IF UNDER 24 HRS. 5. SEX and lest birthdey) Months | Devs Hours Male WIDOWED [DIVORCED YIS. attending physician a Then please remove ca val, and in any event, 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & Stete, or foreign country) done during most of working life, even if retired) Retired County Roads Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob P owell Annie Collins 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror dates of service) Hettie Powell Whaleyville, Md. 219-36-6304 burial-transit permit. 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: remand - years IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 1 I be detached for use Dept. of Health prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (Stete) Month Dev. Yeer fectory, street, office bldg., etc.) While Not While et work et work p.m. 1959, to 9-27, 1966, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from Island.... 1-27 196/ and that death occurred at/1/1/4M, from the causes and on the date stated above saw the deceased alive on..? 22b. DATE 22e. SIGNATURE ATTENDING SIGNED the the DIRECTOR PHYS. PHYS. man M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stete) REMOVAL (Specify) Dale 250. REC'D BY REGISTRAN 256. REGISTRAN'S SIGNATURE 24 FUNERAL DURECTOR'S SHEWAR ADDRESS. '61 arthur & Kraus

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RESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 10879 10/2/61 mh
USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF FATH a. COUNTY DRCEST MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 write RURAL and give neerest town) GRLIN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddres a. IS RESIDENCE ON A FARM? At work 1T, YOU YES NO NAME OF First Middle DECEASED OF (Type or print) DEATH 19 6 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Hours WIDOWED D 18 DIVORCED 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired lu ctione ex 13. FATHER'S NAME -LORENCE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Гетоуа 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] IMMEDIATE CAUSE (e) DUE TO gava rise to immediate cause DUE TO (a), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO Z 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While et work et work to 9 saw the deceased alive on. 22b. DATE ATTENDING MED. DIRECTOR STAFF SIGNED PHYS. PHYS. FUNERAL ector, page 3 PHYSICIAN 22d. ADDRESS NAME (Trank Gantz Bay Street Berlin, Maryland death.

TO FU NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 1 23b. (State) REMOVAL (Specify) DANDEN LTIMURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 DANEFP 2 6 '61

YLAND STATE DEPARTMENT OF HEALTH

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PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESE FOR STATE 880 MEDICAL **EXAMINER'S** 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) director. Page or your files. a. COUNTY MARYLAND b. CITY OR TOWN (if outside C. LENGTH OF STAY IN 16 limits, write RURAL and give nearest town write RURAL end IS RESIDENCE ON A FARM? YES NO death. NAME OF Year DECEASED and 3 to the the (Type or print) DEATH O 19 with 5. DATE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. RACE MARRIED 2 wiff M3. Pages 1, 2, and 3 M3. Page 5 may pages 1 and 2 within 72 hours a lest birthdey) Months Hours WIDOWED DIVORCED OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? s Office along with four Pages a burial-transit permit. File pages 1 smovel, and in any event. 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, to, dr unkown) | (If yes give wer or deles of service) "pending" in pencil in Item This certificate should be executed 18. CAUSE OF DEATH lEnter only one cause per line-fer (a), (b), and (c), INTERVAL BETW. I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO removal, th eoreonappy Conditions, if any, which gave rise to immediate cause 40 Examiner's DUE TO (a), slating the underlying 10 0 cause lest. pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E. O FUNERAL DIRECTOR: Page 3 should be cremat NO 2De. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) PRIMARY | or CONTRIBUTING | EXAMINER: burial, CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Slata) factory, street, office bldg., etc.) While Not While 0 Hour a.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion adent. Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S DEPUL NAME (Typa) 224 BURIAL CREMATION 226 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) ONES TOWN ō 0 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR VS. A15ME DATE SEP 5M 7/59 WORCESTE COUNTY

ND STATE DEPARTMENT OF HEALTH

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VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

						7
1. PLACE OF DEATH e. COUNTY		2. USUAL RESIDE	NCE (Where decease		itution: Residence	e before admission)
Werester	MARYLAND	e. STATE	arvland	b. COUNTY	Warcas	
b. CITY OR TOWN (if outside corporete limits			(If outside corporate	limits, write RL		
write RURAL and give nearest town)		V -				
Berlin	Irs.		lin			e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (IF	not in hospital, give street address)	d. STREET ADDRES	3			ON A FARM?
Flewer St.		/ F	lewer St.			YES NO
3. NAME OF First	Middle	Last	4. DATE	Month	Day	Yaer
(Type or print) John	A. Smack		OF DEATH	9	19	19 61
		DATE OF BIRTH	19. AG		alle 4	IF UNDER 24 HRS.
5. 3EX	MARKIED A NEVER MARKIED			1 2 1 4 1	onths Deys	Hours Min.
M AA	WIDOWED DIVORCED	8/19/ 1896	6.			
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Co	unty & Stele, or foreig	gn country)	12. CITIZEN OF	WHAT COUNTRY?
Laberer	Minicipal	Maryl	and		TT	SA
13. FATHER'S NAME	The state of the s	14. MOTHER'S MAIDE				
W						
William Smack	ES? 16. SOCIAL SECURITY NO. 17.		e Preduat	Address		
45. WAS DECEASED EVER IN U.S. ARMED FORC (Yes, no, or unkown) (If yes give war or dates of se		NFORMANT		Addless		
No	Mrs	. Mary Purn	ell. Berli	n. Md.		
18. CAUSE OF DEATH [Enter only one						ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	N.	1 mos				
IMMEDIATE CAUSE (a)_		T IIIOS				
DUE TO						
1001						
Conditions, if any, which (b)_						
geve rise to immediate cause						
(a), stating the underlying					Description	
cause last. (c)_	IONS CONTRIBUTING TO DEATH BUT NO	T DEL ATED TO THE TEDA	AINAL DISEASE CON	DITION GIVEN	IN DART 1(a) 19	. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT NO	I KELATED TO THE TERM	MINAL DISEASE CON	DITION GIVEN	IN PART I(a)	PERFORMED?
I A					Y	ES NO
E 20a. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury	in Pert I or Pert II of it	em 18.)		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
	TO A SHIPPY OF CHIPPED I CO. DI A	CF OF INITIBY /H (erm, 20f. (City or to		(County)	(Steta)
20c. TIME OF INJURY Month, Day, Yee		CE OF INJURY (Home, fe ory, streat, office bldg., e		own)	(County)	(Steta)
20c. TIME OF INJURY Month, Dey, Yee Hour a.m.	et work et work					
21. I certify that (I) (this hospital		October 10	10 60 to Se	mt 17	10.67 4	hat (1) (wa) last
		ocroner To	, 19.00 TOM	Tr. (1	ا رباد ۱۶۵۰ رو	nat (I) (we) last
saw the deceased alive on Sep	t. 17, 1961 , and that	death occured at	M. Hom the	e causes ar	nd on the da	ite stated above
22e. SIGNATURE	0			T. A. F. F.		22b. DATE
1 47 4.0	wells . In .	ATTENDING PHYS.		TAFF HYS.		9/21/7
22c. PHYSICIAN'S	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	.D. PHYS. A				11 22/
NAME (Type) -		-				
Ivery U. S	ully, MD	Berl	in, Md.			
230. BURIAL, CREMATION, 23b. DATE THER	EOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	N (City, town	or county)	(State)
REMOVAL (Specify)			Berlin	0 15 0		
Burial 9 23	61 Evergreen Con	lor .		-	TRADIC CICALA	TIBE
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a.	REC'D BY REGISTRAR			UKE
	alisbruy. Md.	94.34	P 2 8 '61	1 11 -	8. Thous	

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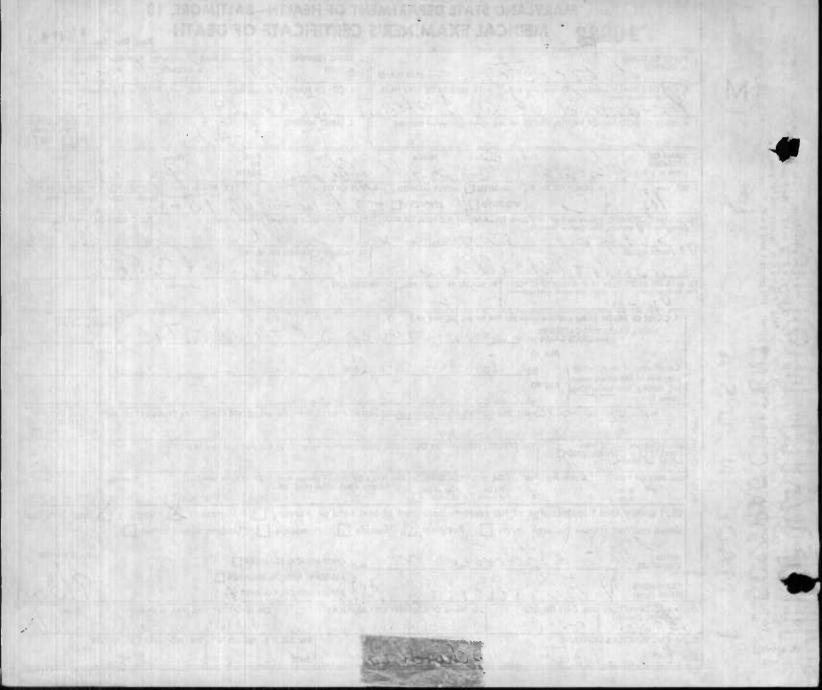
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C. P. C.					
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	I . Jasin grandin en des				

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1 ~	ries .	T	8-25-81 ams MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
\$ 8 g	Mr.		10882 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
ould ould matrix		1. "	LACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission)
Please A sh	1		COUNTY COUNTY COUNTY CROSSER MARYLAND O. STATE UM B. COUNTY CROSSER
A Je go	1)	1 2	CHY OR TOWN (It authide corporate limits, write RURAL and give nearest town)
To b	5		NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE
s n cto			ON A FARM? YES, NO
nerg your i gistrar		-0	NAME OF LOST OF Month Day Year OF DEATH J 19 6
# of for		5. S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 SOATE OF BIRTH 9. AGE IN you IFUNDER 14 HRS.
ined in			WIDOWED DIVORCED DIVORCED WIDOWS DOWN MIN.
nd 3 nd 3 nd 3		10a.	USUAL OCCUPATION (Give kind of work done 10b MHND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stoto of foreign country) 12. CITIZEN OF WHAT COUNTRY? Uning most of working life, even if retired)
2, any be		13.	FAMER'S NAME
S mo	333		Mandous Ulliams Permes Delate
Page age Page	£	15. (Yes,	WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address
Give			Well -
W. W			18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
form form sit pe			979 8 DUE TO
in li			Conditions, if any, which) (b) Inability to swift
and blue ong ong original	-		gove rise to immediate cause (o), stating the underlying DUE TO
share of o			couse last. (c) Venturing in deep water
office d as	F3	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
entiffi en's t e use	V	TFIC	Went into a pond alone YES NO 20c. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
d'i b			20a. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)
war war Exe shau		WEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. 20f. (City or town) (County) (State)
WINE 3 the sdico	23	MEC	p.m 19 of work of work Pond Rural, Pocomoke Worcester Md.
A Pariting F. Pari	30		21. I certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry and find that
Chie	-		death resulted fram. Natural causes . Accident . Suicide . Hamicide . Undetermined cause .
ificat ificat the			ACTUAL SIGNATURE . DATE SIGNED . DATE SIGNED
AL DI	-2		EXAMINER'S A ASSISTANT MEDICAL EXAMINER []
DEPL ore the conversed FUNERAL			NAME (Type) / 1 / V OF I V OF
cute forw O FUI		220.	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) BURIAL, CREMATION, 22b. DATE THEREOF (Stote) 10-1-61 12c. NAME OF CEMETERY OR CREMATORY 12d. LOCATION (City, town, or county) 12d. LOCATION (City, town, or county)
	7	23.	FUNERAL DIRECTOR'S SIGNATURE JANDRESS 240. REC'D BY REGISTRAR' 24b. REGISTRAR'S SIGNATURE
VS. A15ME(5) SM 9/55		-	ager Whorton - he is church, la pate CT 13'61 aring 8, thous



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with 4 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10883 CERTIFICATE OF DEATH

1	+	PLACE OF DEATH	11.0	. USUAL RESIDENCE	12 MIL	lima It institution I	Oktober (dmission)
_		a. COUNTY	2	a. STATE	Whare decessed	b. COUNTY	The state of the s
		MARYL MARYL			1101	1100	100061
		b. CITY OR TOWN (if outside comporate limits, write RURAL and give meaner from)	IN 16	CITY OR TOWN (IF	butsida/corporata li	hits, write RURAL and	giva nearast town)
		Snow Hell / Grows		X	17114	11	
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address	ss)	d. STREET ADDRESS		(5)	e. IS RESIDENCE
		10771.17ass		1	10711	· Mais	YES NO
1		NAME OF First Middla		Last	4. DATE /	C Nonth	Day Yaar
/		(Typa or print) March (3)	1	froung	DEATH	LENT. 1	9 1961
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	D 18.16	ATE OF BIRTH		Hn years IF UNDER 1 Y	
-	-	Lingle Vialand WIDOWED DIVORCED		145-1116	75/4	Months Da	ys Hours Min.
-	10a	. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR I	INDUSTRY	AT. BIRTHPLACE (Count	y & Stata, or foreign	country) 12. CITIZ	EN OF WHAT COUNTRY?
-	3	ne during most of working life, even if retired)	710	X 11	1.11 50	1/1	
	13	FATHER SNAME	11.60	MOTHER'S MAIDEN	VAME!	19	
1		19.1 111-11		7	6		
/	47	Vallary Hill		tinh	money		1
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO s, no. of upkgwn) (Ifyasgivawarordatasofsarvica)). 17. INF	FORMANT		Address //	11-1
		110 110ne	mille	Mallykor	wilng,	more/14	66 1114
		18. AUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).	.50		1	1	ONSET AND DEATH
		PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	1clore	al Thre	ombos	23	2 days
		332 X DUE TO		. 0			
		Con 19th - 17	ONOS	MAN Qx	toring.	elerosis	Means
		gava risa to immadiate cause	c. co	cut occ	ici co	20.001	Tacos.
		(a), stating the underlying DUE TO					
		causa last. (c)	1 117 1107 0			TION ON THE BURE	A LANGE ALL COREY
	O.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	ROLNOLK	KELATED TO THE TERMIN	IAL DISEASE COND	IION GIVEN IN PART I	PERFORMED?
	CAT					100	YES NO
)	CERTIFICATION	208. ACCIDENT WAS UNDERLYING ☐ 206. DESCRIBE HOW INJURY O OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURED. (E	Enter natura of injury in P	Part I or Part II of ita	m 18.)	
			On DIACE	OF INJURY (Homa, farm	, 20f. (City or to	vn) (Count	y) (Stata)
	MEDICAL	20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 2 Hour a.m. Whila Not Whila		, straat, offica bldg., etc.		vn) (Coun	y) (31818)
	ME	p.m. 19 at work at work			1	0	
		21. I certify that (I) (this hospital) attended the deceased	19.61, 10	3 C D 7 79 196	L, that (I) (we) last		
		saw the deceased alive on	nd that de	eath occured at	M, from the	causes and on th	e date stated above.
		22a. SIGNATURE					22b. DATE
		Yalled that	M.D.	DULYC REFT D		rs. Septem	ber 20, 1961
		22c. PHYSICIAN'S		22d. ADDRESS			
		NAME (Type) Bavid Rafat, M. D.		104 Bay St		w Hill, Ma	ryland
1	28	BURIAL, CREMATION, 238. DATE THEREOF 23c. NAME OF CENTRE OF CENTR OF CENTRE OF CENTR OF CENTRE OF CENTRE OF CENTRE OF CENTRE OF CENTRE OF CENTRE OF CENTR OF C	METERY OR	CREMATORY	23d. LOCATION	(City, town or county)	(Stata)
1	1	Julier Sept. 23/6/ 130/11012	Pline	ley .	Antil &	4/6	7111
	54	FUNERAL DIRECTOR'S SIGNATURE / ADDRESS /	34.4	25a. REC	'D BY REGISTRAR	256. REGISTRAR'S SI	
	6	Walle themes Sugarthe	0/, 7	ma DATE	SEP 2 5 '61	arthur .	P. Histo
	1	ville Marine Land Bur	4 11	41			

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